M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10094

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) CHRISTIE (Last) BEUCLER
4. DATE OF DEATH (Month) OCT (Day) 6 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 9, 1883
9. AGE last birthday 66 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitary engineer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME William H. Beucler
14. MOTHER'S MAIDEN NAME Isabelle Christie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Ellen M. Beucler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Residual hemiplegia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to Oct. 6, 1950, that I last saw the deceased alive on Oct. 5, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE Charles H. Freeman (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED Oct 7 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 9, 1950
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton (State) Maryland

DATE REC'D BY LOCAL REG. 10/9/50
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore Son ADDRESS Denton Md.

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OCT 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

10095

Reg. Dist. No. 60

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Goldsboro — LENGTH OF STAY (in this place): 2 Yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Marydel |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: None | STREET ADDRESS (If rural, give location): None |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Elwood | (Middle) | (Last) Gibbs | 4. DATE OF DEATH | (Month) 10 | (Day) 29 (Year) 50 |
| 5. SEX: Male | 6. COLOR OR RACE: Black | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 8/12/1885 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Loboror | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME: Charles E. Gibbs | 14. MOTHER'S MAIDEN NAME: Julia Clark | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Ada Gibbs Goldsboro, Maryland | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Sclerosis

334X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

87d (c) Cerebral & General Cerebrosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Mar. 28, 1950, to Oct. 29, 1950, that I last saw the deceased alive on Oct. 28, 1950, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE: Charles H. Gonesifer M.D. (Degree or title) ADDRESS: Greensboro, Md. DATE SIGNED: Oct 30 1950

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 11/1/1950 | NAME OF CEMETERY OR CREMATORY: Mt. Zion | LOCATION (City, town, or county) (State): Near Marydel, Md. |
| DATE REC'D BY LOCAL REG.: 10/31/50 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: R.B. Rawlings Greensboro, Md. | ADDRESS |

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10096

# CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Preston); MARYLAND; LENGTH OF STAY (In this place) 5 years.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Preston); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Alice (Last) Glenn

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 13, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months 3, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Magnolia Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Roberson

14. MOTHER'S MAIDEN NAME: Elizabeth Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Eugene Leight.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Coronary Occlusion | 1 hours |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940a | (b) Coronary Atherosclerosis | 10 yrs |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 6/16, 19 47, to Oct 22, 19 50, that I last saw the deceased alive on Oct 22, 1950, and that death occurred at 8: P m., from the causes and on the date stated above.

SIGNATURE: C. B. Plummer (Degree or title) M.D. ADDRESS: Preston Maryland DATE SIGNED: 10/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 25, 1950 | NAME OF CEMETERY OR CREMATORY: Preston Junior Odd | LOCATION (City, town, or county): Preston (State): Md.

DATE REC'D BY LOCAL REG.: 10/25/50 | REGISTRAR'S SIGNATURE: C. B. Plummer

24. FUNERAL DIRECTOR: Maurice E. Heward Son ADDRESS:

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OCT 27 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10097

# CERTIFICATE OF DEATH

Reg. Dist. No. 66

| | |
|---|---|
| 1. PLACE OF DEATH- COUNTY: Caroline MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Caroline |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ridgely — LENGTH OF STAY (In this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ridgely |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Gertrudes Acadamy | STREET ADDRESS (If rural, give location): St. Gertrudes Acadamy |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Sister M. | (Middle) Justina | (Last) Grimm | 4. DATE OF DEATH | (Month) 10 | (Day) 5 | (Year) 50 |
| 5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 2/14/1857 | 9. AGE last birthday: 93 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME: James Grimm | 14. MOTHER'S MAIDEN NAME: Walburg Kohler | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Mother Hiddagard Ridgely, Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) generalized arterio sclerosis — 6 years,

59b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ankylosing osteo arthritis — 10 years.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb 15, 1940, to Oct 5, 1950, that I last saw the deceased alive on Sept 16, 1950, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE: Paul Throtts (Degree or title) M.D. ADDRESS: Denton Md DATE SIGNED: 10/6/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 10/9/50 | NAME OF CEMETERY OR CREMATORY: Plains | LOCATION (City, town, or county) (State): Rural Ridgely, Md. |
| DATE REC'D BY LOCAL REG: Oct. 6, 1950 | REGISTRAR'S SIGNATURE: Mary E. Laird | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro Md. |

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OCT 10 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10098

# CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (In this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location) Church Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) F. (Last) KINNAMON

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/16/1872

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jones

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Harry Kinnamon Greensboro, Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Secondary Anemia — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1950, to Oct 29, 1950, that I last saw the deceased alive on Oct 28, 1950, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert Hamond Wright M.D. Greensboro Md. Oct 29 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 11/2/50 — NAME OF CEMETERY OR CREMATORY: Lawncroft — LOCATION (City, town, or county) (State): Boothwyn, Pa.

DATE REC'D BY LOCAL REG.: Oct 30-1950 — REGISTRAR'S SIGNATURE: L. Mae Pippin — 24. FUNERAL DIRECTOR: R.B. Rawlings — ADDRESS: Greensboro, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10099

# CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) SUSIE (Middle) BACSAK (Last) OROSS
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 21, 1890
9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? Same

13. FATHER'S NAME JOHN BACSAK
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Paul Oross, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | 5 min. |
| 420.1 Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary sclerosis | 2 yrs. |
| 94a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1942, to Oct. 20, 1950, that I last saw the deceased alive on Aug 20, 1950, and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E Paul Knotts M D ADDRESS Denton Md DATE SIGNED 10/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 23, 1950
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) (State) Near Denton Md

DATE REC'D BY LOCAL REG. 10/23/50
REGISTRAR'S SIGNATURE Wm D O'George
24. FUNERAL DIRECTOR J. Virgil Moore Son ADDRESS Denton

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OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10100

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
LENGTH OF STAY (in this place): 6 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
STREET ADDRESS (If rural give location): None

**3. NAME OF DECEASED** (Type or Print): (First) William (Middle) Isaac (Last) Pearson

**4. DATE OF DEATH**: (Month) 10 (Day) 26 (Year) 50

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Single

**8. DATE OF BIRTH**: 9/17/1944

**9. AGE** last birthday: 6 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None

**10b. KIND OF BUSINESS OR INDUSTRY**: None

**11. BIRTHPLACE** (State or foreign country): Dover, Delaware

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Clarence Pearson

**14. MOTHER'S MAIDEN NAME**: Naoma West

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT**: Clarence Pearson Greensboro, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Fractured Skull — Immediate

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hit by automobile

(c)

812.5
170C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

**21. EXTERNAL CAUSE WAS** PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Greensboro (CITY OR TOWN) Caroline (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 10 - 26 1950 4p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Struck by Automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lawson D George Deputy Medical Examiner Denton Md — 10/26/50

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE THEREOF: 10/29/50 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: Oct 28-1950 — REGISTRAR'S SIGNATURE: L Mae Tippin — **24. FUNERAL DIRECTOR** — ADDRESS: R.B. Rawlings Greensboro, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton — LENGTH OF STAY (In this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NINA (Middle) (Last) THOMAS

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1950

5. SEX: Female — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: Sept 1 1893 — 9. AGE last birthday: 57 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical nurse — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Easton Md — 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Gibson — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Clarence Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arterio Sclerosis — Several yrs

(c) Syphilis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Dawson D George Dpty Medical Examiner — Denton Md — 7/30/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 28 50 — NAME OF CEMETERY OR CREMATORY: Spring Grove — LOCATION (City, town, or county) (State): Denton Md

DATE REC'D BY LOCAL REG. Oct 25 1950 — REGISTRAR'S SIGNATURE: Dawson D George — 24. FUNERAL DIRECTOR: J B Moore & Son — ADDRESS: Denton Md

RECEIVED
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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 67

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton — LENGTH OF STAY (in this place): 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HARRY (Last) WHITBY
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 10, 1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office work
10b. KIND OF BUSINESS OR INDUSTRY: State
11. BIRTHPLACE (State or foreign country): Caroline
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chas H. Whitby
14. MOTHER'S MAIDEN NAME: Anna Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Harry Whitby, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — 1 hour

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1950, to Oct 2, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE: Hanson O George — (Degree or title): MD — ADDRESS: Denton Md — DATE SIGNED: 10/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 5, 1950 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county) (State): Denton, Md

DATE REC'D BY LOCAL REG.: 10/5/50 — REGISTRAR'S SIGNATURE: Wm D O George — 24. FUNERAL DIRECTOR: J. Virgil Moore & Son — ADDRESS: Denton

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OCT 9 1950
BUREAU